is very important. See instructions on back of certificate.

CAUSE TION

N. B.

should state of OCCUPA-

Length of residence in city or town whare death occurred	If nonresident give city or town and State CAL CERTIFICATE OF DEATH EATH (Month) (Oay) REBY CERTIFY, That I attended deceased from (0.,1934, to
Length of residence in city or town where death occurred	al or institution, give its NAME instead of street and number) in U.S. if of foreign birth?
Length of residence in city or town whare death occurred	If nonresident give city or town and State CAL CERTIFICATE OF DEATH EATH (Month) (Oay) REBY CERTIFY, That I attended deceased from (0.1934, to
(a) Residence: No. H. H. Salashury St., 13 Ward (Upual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (prite the word) 52. If marriad, widowad, or divorced HUSBANO of (or) Wife of Concell Backett 6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaars Months Days if LESS than 1 day, hrs. or min. 1 day, hrs. or min.	If nonresident give city or town and State CAL CERTIFICATE OF DEATH EATH (Month) (Oay) REBY CERTIFY, That I attended deceased from (0.1934, to
(a) Residence: No. H. H. Land St. Salishury St., 13 Ward PERSONAL AND STATISTICAL PARTICULARS D. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (purite the word) Land HUSBANO of (or) Wife of Concern Base 1 (o	If nonresident give city or town and State CAL CERTIFICATE OF DEATH EATH (Month) (Oay) REBY CERTIFY, That I attended deceased from (0.,1934, to
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If marriad, widowad, or divorced HUSBANO of (or) WiFE of Concern Concer	CAL CERTIFICATE OF DEATH (Month) (Oay) REBY CERTIFY, That I attended deceased from (0.193 4, to
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days (Corrective word) 1 HE 22. 1 HE 22. 1 HE 1 I lest saw h	(Month) (Oay) (Year) REBY CERTIFY, That I attended deceased from (O., 1934, to
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days if LESS than 1 day,hrs. ormin. 8. Trade profession of applications of applications of the control of th	REBY CERTIFY, That I attended deceased from 6,193 4, to 2 2 2 1 3, 193
7. AGE Yaars Months Days if LESS than to have occurred on the lay,hrs. orhrs. ormin.	211
7. AGE Years Months Days if LESS than 1 day,hrs. ormin. to have occurred on the The PRINCIPAL CAUS were es follows:	live on 12 2 1 19 54 daeth is said
9 Trade profession of parlicular	(154)
8. Trade, profassion, or particular	E OF DEATH and related causas of importanca
8. Trade, profession, or parlicular kind of work dona, as SPINNER, W. Thome SAWYER, BOOKKEEPER, etc.	Cruf Clemorling her
SAWYER, BOOKKEEPER, etc. 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deta deceased iast worked at this securation (month and	
10. Deta deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) - Muyland (State or country) Other Coatributory Can	ses of importance:
13. NAME Shilliam Phackon	
13. NAME MULLIAN MACOON 14. BIRTHPLACE (city or town) - Muyland What test confirmed dis	gnosis?
15. MAIOEN NAME Church Carely 23. If death was due to e	xternel causes (VIOLENCE) fill in also the following:
	micide?, 19,
17. INFORMANT My. Elizal Dagsell Specify whether injury	? (Specify city or town, county and State) occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Salishary Ad. 18. BURIAL, CREMATION, OR REMOVAL A Manner of injury	
Place Falls huns, M. Date 3/15/34, 19 Nature of Injury	
19. UNDERTAKER IL THE K TRACE C. 24. Was disease or injure (Address) Salighands The if so, specify	y in any way related to occupation of deceasad?
20. FILED Mch 15, 19 34 V. May Jurner (Signed) Registrar. (Address)	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	11	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU W. c				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



•1	1	ARGIN	RES	SERV	ED	FOR	MARGIN RESERVED FOR BINDING	r		
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD,	THE	UNFADI	I DN	NK-1	HIS	IS A P	ERMANE	LL	RECOF	SD.
mation should be carefully supplied. AGE should be stated EXACTLY. PHYS.	ly su	ipplied.	AGE	should	l be	stated	EXACT	LY.	PH	YS
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	lain	terms, so	that	it ma	y be	properl	y classifie	d. E	xact	sta
TION is very important. See instructions on back of certificate.	See	instructi	o suo	n bacl	Jo 3	certifica	te.			1

1. PLACE OF DEATH	MARYLAND—		0. 22/11/	. 001	X O
County Il de Conce	0	(131)	Registration Dist.	No. 1 3	36
Village or City Delmas	/	No. death occurred in a hospital or institu	ation, give its NAME inst	St.,	- Wai
Length of residence in city or town where death		ds. How fong in U.S. if o			
2. FULL NAME Large (a) Residence: No.	Was place of abode)	St., Ward.	If nonresident give	city or town and State	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL C	ERTIFICATE OF		
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	ch	6 , 193	4
a. If married, widowed, or divorced	and .	- 1-	(Month)	(Dây)	(Year)
HUSBAND of (or) WIFE of Minance &	Bounda	12 HEREBY	CERTIFY.	- 11	sed fro
DATE OF BIRTH (month, day, end year)	10.1863	I last saw h alive on	2 //	134; dea	ath is so
. AGE Years Months	Days If LESS than	to heve occurred on the date state	ed above, at 4.4	_m.	
7/	2 # 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH end related causes of	1	
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	inte	apope	Ce sy	3	te of one
SAWYER, BOOKKEEPER, etc.	surve C	f			
9. Industry or husiness in which work was done, es SILK MILL, SAW MILL, BANK, etc.					
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Thdustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occupetion (month end yeer)	11. Totel time (years) spent in this occupetion				
		Other Cantributory Causes of impo	rtance:	11/2	2
2. BIRTHPLACE (city or town) (State or country)	la d	Chionic	Belevalil	ul	
13. NAME /// 2011 - The	anne !	Mephri	liso		
The state of the s	U/sounds				
14. BIRTHPLACE (city or town) (State or country)	, , ,	Neme of operation		Date of	
15. MAIDEN NAME	sand	Whet test confirmed diegnosis?			fel
13. WAIDEN HAME Starley	s. Jayran	23. If deeth wes due to externel cau			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	- A - f - f	Accident, suicide, or homicide?	Date	of Injury,	19
(State of County)	sano	Where did injury occur?	(Specify city or town	county and State)	
(Address) Delman	Bounds	Specify whether injury occurred in	n INDUSTRY, in HOME,	or In PUBLIC PLACE.	
BURIAL, CREMATION, OR REMOVAL	04 8	Manner of injury			
Place Barratto Clares	18 3 - 0 ,1934	Neture of injury			
O. UNDERTAKER The Hill & A. (Address)	Johnson Co.	24. Was disease or injury in eny w		of deceesed?	2
1. FINDBuch Tth., 1934 Harr	7/6. Hudson.	(Signed) V16	Leca	Les Os C	уМ
16 mars 11 ml		2411 N. Charles Street, Baltimore, Re	e and	transition (7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis -1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

03141

1. PLACE OF DEATH	3)
County Vicounce	Registration Dist. No. 333
Village or City Isuilland, Ind.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	/1
2. FULL NAME Still forms Col	lins
(a) Residence: No. Suitand (Ale #1) (Usual place of abode)	Test S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) Surgle	21. DATE OF DEATH March /2, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) March 12, 1934	I last saw h alive on , 19 , to , 19 , death is said
7. AGE Years Months Days If LESS than 1 dayhrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Still born, supposed
0 10. Date deceased last worked at this occupation (month and year)	fill Many and a second a second and a second a second and
12. BIRTHPLACE (city or town) Smilland (State or country)	Other Contributory Causes of Importance:
13. NAME Wesley Rutter 14. BIRTHPLACE (city or town) Marticoke	
14. BIRTHPLACE (city or town) Carlies the	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town) Junifland	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sunflaud (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Safel ofliges and.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Mit Calvary Compate Meh 14, 1934	Manner of Injury
19. UNDERTAKER Statistics, acting, (Address) Fruittand Miss.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mich 13, 1934 & May Junes.	(Signed) L. May June Tocal Registra
Registrar.	(Address) Splf Svuy Line

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEAD WEST	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
i	ARTERIAL V. S.				
	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 m ż certificate.

See instructions on back

OCCUPA-

1		STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 03142
:	L PLACE OF DE	ATH .			(159)
	County Use	some	d		Registration Dist. No. 337
	Village or City	yarke	death occurred		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmosds
1	2. FULL NAME	Polare	os	awars	
1	(a) Residence: No	Pal	Λ.		St. Ward.
philips	(a) hesidence, no	·	(Usual place	of abode)	If nonresident give city or town and State
_		AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	sex 4. co	DLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of					
					22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Dec-12.1933					I last saw h
	AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, atm.
	1 day,hrs.				The PRINCIPAL CAUSE OF DEATH and related causes of Importance
7	8. Trede, profassion, or	r particular		UI IIIII -	were as follows: Date of onset
101		ne, as SPINNER, KEEPER, etc			no John man
OCCUPATION	9. Industry or busines work was done, SAW MILL, BAN	s In which as SILK MILL, K. atc.			
000	10. Date deceased last this occupation (worked at	spei	ime (yaars) nt in this ipation	allendane
12	BIRTHPLACE (city or tov	Luas	form	0	Other Contributory Causes of importance:
12.	(State or country)	WII)	~~	no.	
ER	13. NAME See	- Com	races		
FATHER	14. BIRTHPLACE (city o	rtown) Lyc	arlon	na	Name of operation Data of
-	(State or country	0)	->-	rd.	What tast confirmed diagnosis? Wes thera an autopsy?
1ER	15. MAIDEN NAME	lewa	- Price		23. II death was dua to external causes (VIOLENCE) fill In also the Iollowing:
MOTHER	16. BIRTHPLACE (city of	r town) Zya	skern		Accidant, suicide, or homicida? Data of Injury, 19
Σ	(Stata or country	(ע		- mil	Whera did Injury occur?
17.	(Addrass)	Lyask	Orice	net.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OF	R REMOVAL	70.0	111	Manner of injury
	Place Court	C Sur	Date / Max	1934	Natura of injury
19.	UNDERTAKER C	1 mes	cek 17	ous.	24. Was diseasa or Injury In any way related to occupation of deceased?
	(Addrass)	Bural	ng	1	II so, specify
20.	FILED Maw. 10	., 19.34 OP. 8	Woolfo	nd Wal	(Signed) C. Woolford Walter M.D
				Registrar.	(Address) of abelicates mad

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

IARGIN RESERVED FOR BINDING

V. S. No. 1

SIC	tater	1
PHY	et s	1
χ.	Exa	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact states	
7	ly o	ate.
stated	proper	TION is very important. See instructions on back of certificate.
pe	be	Jo
pinous	it may	n back
TO	that	o suc
	80	etic
pplied	terms,	instri
ly su	lain 1	See
erul	in p	int.
car	LH	orta
Pee	EA	imi
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mati	CAU	TIOI
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1. PLACE OF DEATH	CERTIFICATE OF DEATH
Chiam is it	775
County	Registration Dist. No. 1919.
Village or City Salestury Mil.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Referea adline	- Ponoshield
(a) Residence: No. R.F.10.#4	a halif ma
(Usual place of abode)	St., Ward. State If no president give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 19 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Golin H. lerantiel	22. HEREBY CERTIFY, That I attended deceased from
me of 1915	105 y to man 19 , 19 3 y
6. DATE OF BIRTH (month, day, and year) May 26, 867 7. AGE Years Months Days If IESS than	last saw her alive on Thursday, 193, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 10, 13 m.
96 7 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Accepted by SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest workee MALL, It Total time (years).	Colemons of blowder
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	///
11. Total time (years).	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) keer Salisbury	Other Conditions Causes of Importance.
(State or country) Maryland Micondino	
13. NAME William H. Riggin 14. BIRTHPLACE (city or town) Mar trelikand	
14. BIRTHPLACE (city or town) Mar Frelieband	Name of operation
(State of country) Maryand Victoria Co	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Calderine Johnson	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Johnson 16. BIRTHPLACE (city or town) Cather Fluitland	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maryland Wceonic	Where did Injury occur?
17. INFORMANT TENYEY of Cranfield (Address) falishing med 18 11 11 11	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL - AM MA 21 31	Manner of Injury
Place Melle grown model w. at 1977	Natura of Injury
19. UNDERTAKED tolloway & Co. (Address) falishing, med.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED neh 2/ 1934 b. May Junes.	(Signed) Thurs Mann M.D.
Registrar.	(Address) Bacio Con my.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago PER LEGIZAGE. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 6 ISST			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

WRITE PLAINLY, WI. UNFADING INK-THIS IS A PERMANENT RECORD. Every	IYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
T RECC	Y. PF	Exact	
RMANEN	XACTL	classified.	
PE	E F	rly	cate.
IS A	state	rope	ertifi
HIS	be s	be I	of co
T.	plno	may	TION is very important. See instructions on back of certificate.
INK	Sh	t it	on
D.V.	AGI	o tha	tions
FADI	ied.	ns, se	truci
UND	lddn	tern	e ins
Ó	lly s	plain	Se
M.	refu	in	tant.
NIN	e ca	長	npor
LAD	ald T	DE	ry II
E P	sho	OF	is ve
RIT	tion	USI	ON
=	ma	CA	TI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03145
1. PLACE OF DEATH	(93-c)
County ZUCCOMULA	Registration Dist. No. 337
Village or City Jusaskin	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John (Polashiele)	
(a) Residence: No. Times on Ma	St. Ward.
(Usual place of abode)/	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yéar)
HUSBAND of Cor) WIFE of Linda Dashield	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) MANLIE 77	I last saw h w elive on hand 1924; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at 4
37 75 ormin.	The PRINCIPAL CAUSE OF DEATH and related suses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Jan
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Jandustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Durone oupearaly of
9 Industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Turasacin	Other Coutributory Causes of Importance:
(State or country)	Weller Jeler Ju. Str
13. NAME Michael dashield 14. BIRTHPLACE (city or town) - 9, Manhine	
14. BIRTHPLACE (city or town) 9 Manhar	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT & MOLLY, Price.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Types Saw May 18. BURIAL, CREMATION, OR REMOVAL	Manage of Laboratory
Place Tyaskin Date mar. 8th., 1934	Manner of injury
19. UNDERTAKER MASSELLE TO SEAS (Address) Stimpfell (Ald DEST JAN)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Mars 1934 (Pelloolford Walter Registrar.	(Signed) M. D. (Address) Signed M. D.
If more blacks are and of the Company	N Chalacter Data Data Data Data Data Data Data Dat

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10 .- The month and year the deccased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	per A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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of OCCUPA.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 03146
1. PLACE OF DEATH	3
County Wicanico	Registration Dist. No. 333
Village or City Salusbury, Md.	No. St., G. Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still four Dast	rield.
(a) Residence: No. (Usualplace of abode)	St., Ward. Helion Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	March 18 , 193 4
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CER'TIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Meh 16, 1934	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	udetii is saiu
0 1 day,	
9 Trade profession or patients	Date of onset
S. Trade, procession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cause unsnown
10. Date deceased last worked at this occupation (month and year) cupation	
12. BIRTHPLACE (city or town) Salisbury	Other Contributery Causes of importance:
(Stata or country)	
13. NAME John Way 14. BIRTHPLACE (city or town) wants	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Margaget Dashiela 16. BIRTHPLACE (city or town) A Gebrone	What test confirmed diagnosis?
	Accidant, suicide, or homicide? Date of injury, 19
2 (State or country) fug	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Salisbury, Md.	
18. BURIAL, CREMATION, OR BEMOVAL Place Mardela Celipate Mich 17, 193	Manner of injury
19. UNDERTAKER William Horsey Caclin (Address)	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED Mich 17,1934 D. May June Registrar.	The state of the s
Registrar.	(Addrass) - Jaliabury May

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 24

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To be complete, an occupation return must state:

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Example I	È	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6. 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03147
1. PLACE OF DEATH ,	(210-m)
County Sleitomila	Registration Dist No. 333
Village or City Soluthery	No Temmula & Hospitats, 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long to U.S. if of foreign birth?
2. FULL NAME Helpy & Dawning	
The	St., Ward.
(Usual place of about)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 1924; death is said
7. AGE about Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 9 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of Okull Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Collector of business in which	(customoly account)
work was done, as SILK MILL, Jakie Dune	
10. Date deceased last worked et this occupation (month and year) (934 occupation occupa	
Pa. A.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). U all more and (State or country)	
	musuma (- mar)
E he fil to	Name of operation
(Stato or country)	What tast confirmed diagnosis Securities Was there an au'opsy?
I 15. MAIDEN NAME Alales Bishah	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Alex Bishefi 16. BtRTHPLACE (city or town). Palex Bishefi (State or country)	Accident, sulcide, or homicide? Accident Date of injury 7 K, 1998
(State or country)	Where did injury occur? Dalushung hid
17. INFORMANT Healer D. Miles	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In/HDME, or In PUBLIC PLACE.
(Address) falomake, by a	Manner of injury action while calling
Place Tenley's Chappel pare Mar 6, 1934	Nature of injury Fraction of skull
19. UNDERTAKER James Hellwast	24. Was disease or injury in eny way related to occupation of deceased?
(Addjess) Salisling Ina	If so, specify have driver
20. FILED Meh 3, 19 34 V. May Junes Registrar.	(Address) Salishury med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Example I		Example II		
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. g.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Ex	ample I		Example II	
The principal cause of dear of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	APR 5 184	1921	Run over by street car	1 week ago
Ccrebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
11	RUREAU			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis *	1 year

1. PLACE OF DEATH CDURLY Lingth to City of Lower Series and Series Lington Dist. No. Village or City of Lington Distriction of the Control of	STATE OF MARYLAND—CERTIFICATE OF DEATH (1314)			
Village or Citys August 1 to 1985 for initiation of regularity of the septistic of the sept	1. PLACE OF DEATH	<u> </u>		
Village or Cityse Authority Langth of replaying in city grown physylashif occupied Langth of replaying in city grown physylashif occupied (a) Residence: Not Clusial place of about St. J. Ward. FULL NAME (a) Residence: Not Clusial place of about St. J. Ward. FULL NAME (a) Residence: Not Clusial place of about St. J. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARIED, MEDIORDO (b) By Control of the physical place of about St. J. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARIED, MEDIORDO (c) By Control of the physical place of about St. J. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARIED, MEDIORDO (b) By Control of the physical place of about St. J. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARIED, MEDIORDO (b) By Control of Control of the physical place of about St. J. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARIED, MEDIORDO (b) By Control of	County // Come co	Registration Dist No. 1333		
Langth of regilingle in city promon hyperaesil/cocupied. 2. FULL NAME (a) Residence: No. (b) Utual place of short of the control of the city of town and State of the city of the city of town and State of the city of the city of town and State of the city of the city of the city of town and State of the city of the	Village or City Salutius Ma	Pik Heres to 1 12		
2. FULL NAME (a) Residence: No. (b) Againsteed about St., Ward. (c) St., Ward. (c) St., Ward. (d) Residence: No. (d) Res	(If	death-accurred in a hospital or institution give its NAME instead of street and number)		
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3. SW. C.		If nonresident give city or town and State		
Sa. If married, widowed, or divorced HUSBAID of Worth (Month) (Day) 5a. If married, widowed, or divorced HUSBAID of (North) (Coay) 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days 1f LESS than 1 day, O	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
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Place Date Date Nature of injury 19. UNDERTAKER Holograph Co. (Address) Salary Mayland If so, specify 20. FILED Mah 2/19/34 Deflucy June (Signed) Registrar. (Address) Mahana M. D. (Address) Mahana M. D.	18 RIPLAT CREMATION OF DEMOVAL			
19. UNDERTAKER Helder to a comparison of deceased? 19. UNDERTAKER HEL	Place acome Cess. Date Mu. 2/034			
20. FILED Meh 2/19/34 & Mayland (Signed) (Signed) M. D. Registrar. (Address) Mehry Led	The seas the			
20. FILED Mach 2/19/34 & May June (Signed) Aller M. D. Registrar. (Address) Allerting hed	The state of the s			
Registrar. (Address) & Swaring had	11 1 1 1 10 1 10 10	10010-6		
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V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory thuses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.
			. **

		STATE (OF MAR'	YLAND-	CERTIFICATE OF DEATH
1	. PLACE OF	DEATH			(31)
	County	Micon	sics-		Registration Dist. No.
	Village or Ci	y Sall	alverry.	(1)	No. 3/9 Muliau St. death occurred in a hospital or institution, give its NAME instead of street
	Length of resid	ence in city or town where	deeth occurred	yrs, 5 mos	ds. How long in U.S. If of foreign birth?yrs
2	FULL NAM	IE Mar	2 Dde	l His	her
	(a) Residenc	e: No. 3/90	Ttillia	m	St., 3 Ward.
-			(Usual place		If nonresident give city or town
- 0		AL AND STATIST	1		MEDICAL CERTIFICATE OF DEAT
3. S		4. COLOR OR RACE	OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH March 31, (Month) (Day)
5a.	If married, widowe HUSBAND of	d, or divorced			
	(or) WIFE of	George J	P. Rich	lev	22. I HEREBY CERTIFY, Thet latter
6. D	ATE OF BIRTH (nonth, day, and year)	May 15	1856	liest sew hum alive on many 30 10
7. A	GE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at 12:45 m.
	77	7 10	26	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
2	8. Trade, profess	ion, or particular ork done, as SPINNER.	7-/		
	SAWYER, I	BOOKKEEPER, etc	Houses	rife	Juyocanshal I nufferen
CCUPATION	9. industry or be	done, as SILK MILL, , BANK, etc	Dome	1 1 1 1 1 1 1 1 1	Cerebol Neumanay &
2	10. Oate deceased	last worked at	11. Total ti	ne (years)	
1	year)	ition (month and Rele .	1734 spen	tin this 15 glo	
2	BIRTHPLACE (city	or town Man	sin P		Other Contributory Causes of importance:
	(State or count		ennous	vania	phone marchi
חבו	13. NAME	Samuel	Culk	aden	
	14. BIRTHPLACE (city or town) Ph	iladela	beig.	Name of operation Date
-	(State or c		nnsul	varia	What test confirmed diagnosis? Was there
חבת -	15. MAIOEN NAM	E Matie	Ida nu	noessik	23. If deeth wes due to external causes (VIOLENCE) fill in elso the folio
mpt at	16. BIRTHPLACE (city or town near	1 Phil	Johl:	Accident, suicide, or homicide? Date of injury
1	(State or c		nsulva	nia.	Where did injury occur?
17. 1	NFORMANT	Sara P.	Phill	ips	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC
18. 1	BURIAL, CREMATIC	- CIVI	rero MA.	Pa.	Manage of Injury
	Place arkis	egton, Del Cour	ty Paie apri	Le 1934	Manner of injury
	7	7. 41:11	4 galan	24-20	
19. l	UNOERTAKER () (Address)	Spiral	Toler 1	may Co	24. Was disease or injury In any way related to occupation of deceased If so, specify
	41		27		(Signed) / Many
20. [TILEO	1934	· May V	Registrar.	(Address) Age to the garage

give its NAME instead of street and number)

If nonresident give city or town and State

d releted causos of importance Oate ol enset ----- Was there an eutopsy?____ VIOLENCE) fiil In elso the following: ---- Date of injury _____ 19. pecify city or town, county and State) USTRY, in HOME, or in PUBLIC PLACE. ated to occupation of deceased? (Address) ___

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 6 3034				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•				

If more blanks are pécded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUSPAN V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
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Registrar.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

BINDING RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAUVS				
	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03153

1. PLACE OF DEAT	Н				
County 100ml				Registration Dist. No. 33.	3
Village or City	Ohary or town where dea		4 ((16	No. St., St., death occurred in a hospital or institution, give its NAME instead of street and no death occurred. How long in U.S. if of foreign birth?yrs	wmber)
2. FULL NAME					
(a) Residence: No.				St. Ward.	
		(Usual place		If nonresident give city or town and S	tate
PERSONAL AND	-			MEDICAL CERTIFICATE OF DEATH	
	ite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Mad 7 (Month) (Dáy)	193 (Year)
5a. If marriad, widowed, or divorce HUSBAND of (or) WIFE of	y L.Gri	ffith		22. I HEREBY CERTIFY, That I attanded do	oceased f
6. DATE OF BIRTH (month, day, a	ind year) [11]	v oth	TRET	Vacan 9 3d	death is
7. AGE Years	Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 90 m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance	
R Trade profession or part	icular	9	ormin.	wara as Inlows:	Dagoton
kind of work dona, as SAWYER, BOOKKEEPE SAWYER, BOOKKEEPE SAW Work was done, as SIL SAW MILL, BANK, etc	R, atc	p Carp	enter	99 Dweation i unknown.	
SAW MILL, BANK, etc 10. Date decessed last worke this occupation (month yaar)	d at	11. Total t	ime (years) nt in this	0,07,	
12. BIRTHPLACE (city or town) (State or country)			pation	Other Cantributary Canses of importance:	Must.
E 13. NAME COVING	on Grif	fith			
14. BIRTHPLACE (city or town (Stata or country)	l.id			Name of oparation Date of	
	ry m. /a	lker		What test confirmed diagnosis? Was there an au	opsy?
16. BIRTHPLACE (city or town (State or country)				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
	iffith ptown,	hd,		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REM Place Sharpt		Date lar	ch IQ19I92	Mennar of injury	
19. UNDERTAKER (Address)	avenor-	5Bro			w
20. FILED Mar. 10, 19.	If more bla	1	Manu Registrar.	(Signad) (Address) Lughton La	et N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: A a ddia Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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		STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	4.5.4 = 3
1	PLACE OF DI	EATH			(82-0)	03154
	County Les	Comil	a		Registration Dist. N	0. 333
Village or City Salesler					No. 207 Second	st., 9 Ward
	Length of residence	In city or town where	deeth occurred	- Con-	death occurred in a hospital or institution, give its NAME instead	
,	. FULL NAME	Oak	100 0	10-	in the state of th	3
-		Trazla	P	Jeann	O. Word	
	(a) Residence LN	02.6.1.1.	(Usual place	of abode)	St., Ward. If nonresident give city	or town and State
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3. 5	EX 4. C	DLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	4
-	nale	2.1.	man		(Month) (D	(Year)
5e.	If marriad, widowed, or HUSBAND of (or) WIFE of	MI	-71.		224 HEREBY CERTIFY The	at I attended deceased from
a -shares	(OF) WIFE OF SIGN	floren	Be / 160	an	Mar HEREBY CERTIFY The	12 134
6. I	ATE OF BIRTH (month	, day, and year 87	6 fresh	mour	I last saw hum aliva on Mar 12	, 19 34 ; death is said
7. /	GE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated abova, at	
-	58			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Im- were as follows:	Date of onset
NO	8. Trada, profession, o	ne, os SPINNER,			Corolral temment as a	3/24
OCCUPATION	SAWYER, BOOK 9, Industry or busine	ss in which	(0		Guara umorruage	17/34
CUP	work was done, SAW MILL, BAR	as SILK MILL, IK, etc.	Labo	ela.		
Ö	10. Date daceased last this occupation	worked et Fele	Spai	me (years)		
	year) [-9-,-3-	4 25	0000	pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or to	wn) Sals	lung		non-E.	
~ 1	(State or country)	1	o An	2	* ^	*********
FATHER	13. NAME	arley ?	Hlam			
FAT	14. BIRTHPLACE (city (lesleur	7	Neme of operation	Dete of
		0-	12 40	440		Was there an au'opsy?
MOTHER	15. MAIDEN NAME	serale	ange	01	23. If death was due to axternal causes (VIOL ENCE) fill in also	The second second
MO	16. BIRTHPLACE (city of State or count)		w to he	ulle	Accident, suicide, or homicide?	njury, 19
	m.	m . L	1-		Whare did Injury occur? (Specify city or town, co	ounty and State)
17.	(Address)	10sts 7	cann.	<i>~</i>	Specify whether injury occurred in INDUSTRY, in HOME, or I	n PUBLIC PLACE.
18.	BURIAL, CREMATION, C	R REMOVAL	7		Manner of injury	
	Place Hans	lon bem	1 Date - 1-	4 - 1934	Nature of Injury	
10	UNDERTAKER 2	mare Fre	Stome.	7	24. Was diseasa or injury in eny wey related to occupation of	deceased?
13.	(Address)	2864	uch St	Lale hen	If so, specify	
20.	FILED Meh /	4,1934 /	: May	Juni 39	(Signed) U. J. Juow	7.4. M.D.
20,		7-,	1	Registrar.	(Address) Salistury	ma.
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. Ng. z.	

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S.	PACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M	IIS IS A PERMANENT RECORD. Every item of infor-	be stated EAACTLIT FRISLIANS should state be properly classified. Exact statement of OCCUPA-	
	ite	of	1
	Every	ement	/
	SD.	stat	
	ECOF	Kact	
	2	. E	
D FOR BINDING	RMANENT	classified.	
M	PE	A P	ate
FOR	IS A	proper	of certificate.
Q	IIIS	pe pe	Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03155
1. PLACE OF DEATH	(A)
County Mugmas Dolling	Registration Dist. No. 333
Village or City relieber 1 23. Rochital	No. St., St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in gity of town where death occurredyrs	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Daniel Smith to	alland
(a) Residence: No. Socombel MG. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH) wardl
5a. If metried, widowed or divosced HUSBAND of Class + Holland	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) March 6 1851	i last saw have alive on 3/4 ,193 % death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
83 0 6 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:
Strade, profession, or particular kind of work done, as SPINNER. Carpental	Carriery and Prostate
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last work d at this occupation (morth end year) year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Mawkand	Other Cautributary Causes of importance:
13. NAME Amith Halloling 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Provide Dete of 14:34
(State of country)	Whet test confirmed diagnosis? Scare: Wes there an eutopsy? Test
15. MAIOEN NAME MOY and Hallang	23. If death was due to externel causes (VIOLENCE) fill in also the following:
Stata or country	Accident, suicide, or homicide?
17. INFORMANT D: Least Marrison ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL RIACE DELEGATION, OR REMOVAL Date Parel 15, 193.4	Manner of injury
19. UNDERTAKER Carne Length	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Meh 12, 1934 b. May herrer Registrar.	(Signed) Clear falle M. D. (Address) Dalishung Med
	f.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUPPAN Y				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

34

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	CATE	OF	DEATH
01/11	01	1414 414 1	./ \11\D	CLIVIII	CITIE	VI	DEAIL

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0	()	1	0	1)	

:	1. PLACE OF D	DEATH Omico			82-0		
	oounty	Hebron, 1	d R.D.		Registration Dist. No.		
		e in city or town where	death occurred	Tyrs (NOSt., Ward f death occurred in a hospital or iostitution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.		
:	2. FULL NAME	Herman H	.Howard				
	(a) Residence: 1		(Usual place		St., Ward. If conresident give city or town and State		
		AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
Ì.	ale	white	5. SINGLE, MAR OR DIVORCEI	RIED, WIOOWED, O (write the word)	21. DATE OF DEATH 1		
58.	. If married, widowed, or HUSBANO of (or) WIFE of	Annie How	ard		22. 1 HEREBY CERTIFY. That I attended deceased from March 25, 1934, to March 25, 1934		
6.	DATE OF BIRTH (mont	h, day, and year)	ec I4	1. I879	Hest saw h www elive on march 25 14 1934 death Is said		
	AGE Years 54	Months 4	0 ays	if LESS than f day,hrs.	to have occurred on the date stated above, at 19.30 Am. The PRINCIPAL CAUSE OF OEATH and related causes of importance		
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			ormin.	were as follows:		
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				Levelral Hemarliage		
000	10. Date deceased last worked et this occupation (month and spent in this occupation occupation						
12.	. BfRTHPLACE (city or t (State or country)	own)l.d			Other Coutributory Causes of importance:		
IER	f3. NAME Asir	ah B.Howa	rd				
FATHER	f4. BIRTHPLACE (city (State or coun				Neme of operation Date of Was there an autopsy?		
MOTHER	15. MAIDEN NAME				23. If death was due to external causes (VIOL ENCE) fill In also the following:		
MOT	f6. BIRTHPLACE (city (State or coun		•	~~~~	Accident, suicide, or homicide? Oate of Injury, 19		
£7.	f7. INFORMANT Salisbury, 1d. # 2.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Sharptown Date Mar 27 1,984					Manner of injury		
19.	. UNOERTAKER	J.Graveno			24. Was disease or injury In any way related to occupation of deceased?		
20.	FILED NICK2	6.1934 m	0:500 1	Tallaco Registrar.	(Signed) William Survey M. D. (Address) Helson - m J		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage B4 11 A11 V S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 03157
1. PLACE OF DEATH	(23)
County Wiscomico Village or City Salisbury M	Registration Dist. No. 333 No. 2all. St., 9 Ward
Length of residence in city or town where death occurred 3 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? yrs mosds.
2. FULL NAME Fredie Elton He	idron.
(a) Residence: No. Salisbury Label (Usual place of abode)	St., 9 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 7, 193	I last saw har aliva on heart 17 19 7 dath is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 2.
3 6 20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tulucular Puris Date of opet below
Wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
Description of this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Salisbury (State or country)	Other Coutributory Causes of Importanca:
I3. NAME OLIVENT S. Hudson I4. BIRTHPLACE (city or town). Salishung. (State or country)	Name of operation
15. MAIDEN NAME TO LIVE TO TOWN)	23. If death was due to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT OLIVERT S. Hudson (Address)	(Specify city or town, county and Stute) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR "EMOVAL Placa Whale Service State 19 54	Manner of injury
19. UNDERTAKER WM. Howard Wells (Address) Fillsvilled, and	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILEMAL 27, 1934 K. May Junes Registrar.	(Signed) . M. M. D. (Ardress) . M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEIDBALL V. S.	i i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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JARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03158
1. PLACE OF DEATH	[3]
County Wiconica	Registration Dist. No. 000
Village or City Salistory	No. Perusosale Sen Hoop St., 13 Ward If deathy occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrgmo	//
2. FULL NAME Mary Hugher	
(a) Residence: No. Heton Marsland.	St., 15 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Month) (Day) (Year)
5a. If married, widowed or divorced	
(OT) WIFE OF James Hugher	22. I HEREBY CERTIFY, Thet I attended deceased from mark 5 14 , 19 34 , to 2 , 19 3 4
E DATE OF DIDTH Could do car on Jan 15 1894	I last sew har alive on 2 , 1924; death is said
6. DATE OF BIRTH Infonth, day, end year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 12 40 4 m.
24 / / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: The mine and a solution of Date of oneet
KIND OF WORK DONE OF SPINNER, SAWYER, BOOKKEEPER, etc.	nephritis 1931
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	tupuni, to
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
DN 1 41~ . 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Mackay Nachuco (State or country)	· · · · · · · · · · · · · · · · · · ·
E CONTRACTOR OF THE PROPERTY O	
(State or gouncy)	Name of operation. Agreed Dete of Man 18,19.
	What test confirmed diagnosis?
	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
· · · · · · · · · · · · · · · · · · ·	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT fagnes of trighes	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Helron Centary Date March 11, 1934	Neture of Injury
19. UNDERTAKER Spale School 19.	24. Wes disease or injury in any way related to occupation of decoesed? No.
20. FILED Meh 9, 1934 V. May Junes Registrar.	(Signed) Lee 9 - Ruder h. M.D. (Address) 112 man of Salaham
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonílis	3 days ago	
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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MIV WITH THE TANK THE IS A DEDMANENT DECORD BELLE OF ILES	H	>	SATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	important. See instructions on back of certificate.	10	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH (3)59
1. PLACE OF DEATH	(B)
County Wicomics	Registration Dist. No. 330
Village or City Mardela Springs	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
12 //	ds. How long in U. S. if of foreign birth?
2. FULL NAME Veak Ellow Hull	<i>7</i>
(a) Residence: No. Mardela Sjog min	St,Ward.
(Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
7 M. Col. OR DIVORCED (write the word)	(Month) (Day) (Pear)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Comments Comm	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH month, day, end yeer) no Records. 1879	I last saw h elive on f'ob 10 19.34; death is seid
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to heve occurred on the dete steted above, et. 2.30 Pm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
9 Trade profession or postinular	Cerebral blussiage
S. Frade, profession, or perturbate with the control of the contro	Chrise Morandabia
O 10. Dete decessed lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of Importence:
13. NAME George Walley	
13. NAME Groupe Weller 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an eutopsy?
Ξ:	23. If deeth wes due to external ceuses (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) S (Stete or country)	Where did injury occur?
17 INFORMANT ames & Hull (Address) Mar dila Shruma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOVAL Place Marolla Dete 3-// 1934	Manner of Injury
19. UNDERTAKER M. S. Watson + Sons	24. Wes diseese or injury in any wey releted to occupation of deceased?
20. FILED. 3/1/34, 19 MH White Registrar.	(Signed) William (March M. D. (Address) Heliam: M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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"- No Sen Yen	Mos	fulal st.	13 Ward
death occurred in a hospital or institution	ion, give its NA	ME instead of street as	nd number)
	totelgn bitth?	yrs	_mosds.
St., Ward.			
MEDICAL CE		lent give city or town	
21. DATE OF DEATH	- KTII ICA	TE OF BEATH	
	3,	- 30	193
	(Month)	(Day)	- (Year)
22. HEREBY	CERTI	FY, That I attend	
	19 to	0-3	1934
I last sew h		19	death is sald
to heve occurred on the date stated			
The PRINCIPAL CAUSE OF DEATH ware as follows:	H and related c	auses of Importanca	Date of onsat
Chan 9	wh	· soul	Date of chiant
and ma	~ , ~		
			4
Other Contributary Causes of impor			
85			
Name of operation			
What tast confirmed diagnosis?			
23. If death was dua to external caus			-
Accident, suicide, or homicida? Where did injury occur?		Date of Injury	, 19
	(Specify city	or town, county and S	tate)
Specify whether Injury occurred in	ואטטטואז, וה	HOME, OF IN PUBLIC	PLACE.
Manner of injury			
Nature of injury			
24. Was disease or injury In any way			
If so, specify	BIS 10 000	ation of deceased?	
(Signed)	1 7	1 m	
(Address)	an	~~	mad

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR U 1934	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I

	1		
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APR 6 1034			
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V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR to blue			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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	OF MARYLAND—	CERTIFICATE OF DEATH 0316	13
1. PLACE OF DEATH		46	4
County Wicom	uo	Registration Dist. No.	5
Village or City Sali	sbury	No. 131 Virgenia St., 13 death occurred in a horpital or institution, give its NAME instead of street and number.	_Ward
Length of residence in city or town where		Ods. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Lelle	an trancis	Lewis	
(a) Residence: No. 131 V	rainia are.	St., 23 Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST	ICĂL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Femal 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Y)	eer)
5e. If merried, widowed, or divorced HUSSAND of (or) WIFE of Walter £	Lewis	22. 2 /1 HEREBY CERTIFY, That I ettended decess	ed from
5. DATE OF BIRTH (month, day, and year)	Oct. 30, 1875	Lest saw h 21 elive on 3/26 10 34 death	ls seld
7. AGE Years Months	Days If LESS then	to have occurred on the date stated above, at 3.50 m.	12 2010
58 4	27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance	
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	House Wile	were estations: Oate	oloneet
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	none		
10. Oate deceased lest worked et this occupetion (month end yeer)	11. Totel time (years) spent in this occupetion		
12. BIRTHPLACE (city or town) (State or country)	ladelphia	Other Contributory Causes of importence:	
1	V		
	1 W		
14. BIRTHPLACE (city or town) (State or country)	E Naw	Neme of operation	,
	Francis Ct.	Whet test confirmed diegnosis? Was there en eutopsy!	
16. BIRTHPLACE (city or town)	nt Know	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?)
(State or country)	0	Where did injury occur?	
17. INFORMANT Walter L. A. (Address) 131 Vergen	ewis & Solisbury	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place	Oete 3/29 1934	Menner of Injury	
19. UNDERTAKER The Hill of	Johnson Co.	24. Wes disease or injury in any way related to occupation of deceased? So	
(Address) Salish	full and	If so, specify (Signed) (Signed)	
20. FILEO MCla 21, 1934	L. May Mull Registrar.	(Address)	M. D
If more	blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	_

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car-	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 0 1994				
Other contributory causes of importance:	4 P	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			77-36	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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EX	imple 1	i	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FCEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	VbB P Jass	July 5,1927	Peritonitis	3 days ago
	BURE			
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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OCCUPA

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Example I	office account	Example II	
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Arterioselerosis FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	166
1. PLACE OF DEATH	102	A . A . Th
County / Kelomila	Registration Dist. No.	33
Village or City Salary Md.	No P.S. Hospertal C.	→ Ward
	death securred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurredwsmos	. 26 ds. How long In U.S. if of foreign birth? yrs. m	osds.
2. FULL NAME Eleanor Sarker		
(a) Residence: No 220 Fight St. Salishy	St., 13 Ward.	
(Usual place of abode)	If nonresident give city or lown and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. Spa 4. Ottor of RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH Man. 36 (Month) (Day)	, 193 / (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended March 4 1934 to March 2	deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 22. 1921	I last saw her alive on March 30 ,1925	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.40 Qm.	
12 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8. Trade, profession, or particular	were as follows:	Date of onset
kind of work done, as SPINNER, Length Sul	Lotan Pinemona	129/24
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worke at this occupant groups and the second in this		7/2/
10. Date deceased last worker at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Claum don	Other Coutributary Causes of Importance:	742837
(State or country)	Paris andeles with	Mark 19
I 13. NAME forhall a. Tarker	e llevion	34
14. BIRTHPLACE (city or town) Beaumont	Name of operation	-
(State or country)	What test confirmed diagnosis? Was there an	autoneu?
15. MAIDEN NAME Clyptet Ellewick	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
16. BIRTHPLACE (city glown) Charleston	Accident, sulcide, or homicide? Date of injury	, 19
(State or country) W. Na.	Where did injury occur?	
17. INFORMANTHUE & Typhall a. Parking (Address) 220 hill at fathery Mile	(Specify city or town, county and Standard Stand	te) ACE.
18. BURIAL, CREMATION, OR REPOVAL	Manner of injury	
Place tusone lem Date pril 12. 1939	Manner of injury	
19. UNOERTAKER Hollogay + G.	Nature of injury 24. Was disease or injury In any way related to occupation of deceased?	ro
(Address) Saliety Maryland.	If so, specify	
20 FILED apr 2 134 Mmay Junes	(Signed) Heres / Marina	
Registrar.	(Address) Salisby my	
If more blanks are needed, address State Registrar	2411 N. Charles Street Relimore Properting 9) S. No.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstonės	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL.	SPACE E	OR E	THER	STATEMENTS	RY	PHYSICIAN
UDDITIONATE	DI AUE I	OIL L	CRITICIA	STATEMENTS	DI	FILISICIAN

carefully

TION is very important.

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

CAUSE OF DE

-WRITE PLA mation should

B.

		OF MARYLAND-	CERTIFICATE OF DEATH	03167
1. PLACE O	OF DEATH		<u> </u>	4 0 0
County	Wicom	iso	Registration Dist. No.	333
			ND. Signature of death occurred in a hospital or institution, give its NAME instead of strees	
2. FULL NA (a) Reside	n	listery Ind. (Usual place of abode)	Carker St., Ward.	•••••
PERSOI	NAL AND STATIS	TICAL PARTICULARS	If nonresident give city or low MEDICAL CERTIFICATE OF DEAT	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	Н
Male	White	OR DIVORCED (write the word)	(Month) (Dev)	, 193 // (Year)
1		Onn Farker Oct. 17. 1858 Days If LESS than 1 day,	I HEREBY CERTLEY. That I atter 1933, to Maccle 1 last/saw healive on Maccle 1, 19 to have occurred on the date stated above, at 3 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	34, death is seid
kind of	ession, or particular work done, as SPINNER, R, BDOKKEEPER, etc	Harman	Jasemma Visstul	Date of onset
9. Industry or work was SAW MI 10. Date decease this occur	business in which as done, as SILK MILL, ILL, BANK, etc	Jan Mill work 11. Total time (years) spent in this	Brown	1933
12. BIRTHPLACE (c) (State or con	city or town) Rear	Larsonsburg	Dther Contributory Causes of importance:	100
13. NAME 14. BIRTHPLAC	Sampson	a. Parker	Juple 1	1932
	E (city or town) 220	maryland.		of
15. MAIDEN NA	AME Hann	ah Pareons	What test confirmed diagnosis? Was ther 23. If death was due to external causes (VIOLENCE) fill in also the following	
6 16. BIRTHPLAC	E (city or town)	v Wongs	Accident, suicide, or homicide? Date of injury	, 19

Menner of injury Nature of injury. 24. Was disease or injury in any way related to occupetion of deceased?

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03168
1. PLACE OF DEATH	
County Wigornes	Registration Dist. No. 333
Village or City Salisbury	No. 5-05- Lake St., 9 Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Still bound . Italy	2 spores
(a) Residence: No. 2 12 False St.	St. 9 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 17 193 (Year) (Year)
5a. If married, widowad, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended decaased from
(or) WIFE of	Still- bono 19
6. DATE OF BIRTH (month, day, and year) March 11, 1934	I last saw has alive on March 17, 19 Y; death is said
7. AGE Years Months Oyy If LESS than I day,	to have occurred on the date stated above, at
min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Millions
9. Industry or business in which	HAR PARTY
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
The state of the s	
	Nama of oparation. Oate of
14. BIRTHPLACE (city or town) (Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Statte Queles on	3. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME State Cuderon 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?, 19, 19
(State or country)	Whare did-injury occur?
17. INFORMANT Dengen Harris Taron (Address)	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place House Justines Date Mch 1, 1934	Nature of injury
19. UNDERTAKER Deny Gameon Larsons (Address) Salarbury Ind	24. Was disease or injury in any way related to occupation of decaased?
20. FILEO Mich 17, 1934 1 4. May Junes Registrar.	(Signed) M. D. (Addrass) Salisburg N. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

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BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
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Plase dete mar, T.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(a)
Village or City Falishing Of Haspital	Registration Dist. No. 333 No. St., 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Sac. Clover Just	W
(a) Residence: No. Yirdlettee mod (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR 9R. RACE Non-DayORCED (write the world) 5a. If merriad, widowed, or divorced	21. DATE OF DEATH 3 (Month) (Oay) , 193 (Yeer)
HUSBAND of Mora 6. Vusey	22. 2 HEREBY CERTIFY, That I attended deceased from 1974, to 1974
6. DATE OF BIRTH (month, day, and year) Marchen 21. 1880-	i last saw h alive on 19, 19, 4, doath is said
7. AGE Years Months Oeys If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 12. 30 m. The PRINCIPAL CAUSE OF OEATH and raisted causes of importance were as follows:
S. Trado, profession, or particular kind of work done, es SPINNER FAMMEL	calces buly
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked A 11. Totel tima (years)	
this occupation (month and year) this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) Velleguane	Other Contributory Causes of importance:
13. NAME Sac Chiney 14. BIRTHPLACE (city or town) 0 0	Name of operation The Part of The 134
(State or country) Allauran	What test confirmed diagnosis? Bushes Was there an autopsy? 46.
15. MAIDEN NAME Mary Jane Ohmit	23. If death wes due to external ceuses (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Milliagy + Bunde	(Specify city or town, county and State) Spacify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL PREMATION, OR REMOVAL PROPERTY HILL MY DOUBLES 4, 1934	Manner of injury 900
19. UNDERTAKER SEUTHE TALEGINES	24. Was disease or injury in any way related to occupation of daceased?
20. FILEO Mich 1, 1934 V. May Durner Registrar.	(Signed) M. D. (Address) Malerland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CENTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V & /			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year-
			*

STATE OF MARYLAND	-CERTIFICATE OF DEATH
DEATH ~	MOVIATO TO
buemeca	23 Registration Dist. No. 10333
Jalistina	No. SAL St. 3 Ward
/ //_	(If death occurred in a horpital or institution, give its NAME instead of street and number)
ence in city or town where death occurredyrs	s. 2.3 ds. How long in U.S. if of foreign birth?yrsmosds.
E Coulter Kichai	don
: No	St., Ward. / ocomole City Me. If nonresident give city or town and State
(Usual place of abode)	
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 2 193 4 (Year)
d, or divorced	22. I HEREBY CERTIFY. That I attended deceased from
	March 17 1933, 10 March 12, 19 34
onth, day, and year) button 7, 1881	I last saw h alive on March 17 , 1934; death is said
Months Days If LESS than	
7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ion, or particular	
OOKKEEPER, etc.	Tulmmay tuhicalose 740
isiness in which ione, as SILK MILL, BANK, etc	aro
last worked at (4em 11. Total time (years)	

Name of operation ... What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homlolde?

Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury

(Address)

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

spant in this

occupation _____

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of caset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago PERPERATE VA Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03172
1. PLACE OF DEATH	
County Tyregruses	Registration Dist. No. 333
Village or City alistrarie	No. 22 Staspital St. 13 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / selies (scorina) (1)	berlsen
(a) Residence: No. (Usual place of shoole)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED (purite the word) J. Market J. Market	21. DATE OF DEATH 10. 193.4
5a if married widowed or divorced	(Month) (Day) (Yéer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decased from
6. DATE OF BIRTH (month, day, and year) april 1174 1890	Mast saw h sa affive on Mex, 20 1938 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 m.
43 1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade numerous or particular	Tallow engotic learning. Date of one of
kind of work done, as SPINNER, MUTSE.	Olivical
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date doceased last worked et this occupation (month and	
SAW MILL, BANK, atc	
this occupation (month and spant in this 2/ year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Awold & sepon
E Comment of the service of	1
4. BIRTHRUCE (city or town) Could (State or country)	Name of operation Plans Data of 34
E 15. MAIDEN NAME Marry Raber Loan	What test confirmed diagnosis? Office Was there an au'opsy? 200
I	23. If death was due to external causos (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) [[[[]]]] [[] [] [] [] []	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MATERIAL SUM SUM SUM (Addrass)	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place College W. M. Date May 2. 1, 19.34	Nature of injury
19. UNDERTAKER Off Isa as Meganet I fame (Addrass)	24. Was disease or injury in any way related to occupation of decaased?
20. FILED Mar. 2/, 19 34 D. May Turner	(Signed) All Flucture M. D.
Registrar.	(Address) (1 Shows my Mes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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APR 0 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAL
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03175
County Wisonhiles	Registration Dist. No. 330
Village or City Kean Marlela Dogo.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME farale 3. Thereus	
(a) Residence: No. Marriela & ms	C. St., Ward.
(Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color of RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they word)	21. DATE OF DEATH March (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Josefox M. Stevens	22. I HERERY CERTIFY. That I attended deceased from March 5 19 39 to March 18 19 34
6. DATE OF BIRTH (month, day, and year) March, 2, 1866	Hast saw h_ W aliva on March 19 4 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.36P.m.
68 - 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Cerebral Hemanhage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Chronic nefelui Mr. Chronic my orandihir
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupat	Service City o causen
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Joseph Meford Stevens	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME cannoun	23. If death was due to external causes (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country) Caroline to	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT The Meford Stevens (Address) Mardela Bygo Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mashington Dete March 221934	Nature of injury
19. UNDERTAKER J. J. Tramptom & fon (Address) Federalstruck Mel	24. Was disease or Injury In any way related to occupation of daceased?
20. MAR 2 0 1934, 19 7/ 14 Dertson Registrar.	(Signed) Welliceus Essence M. D. (Address) Helron Trad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis?	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	ag again	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03176
1. PLACE OF DEATH	50
County//scomes	Registration Dist. No. 33
Village or City Salisting Maryland	No less Hospital s. 12 Word
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town whate death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME by bland I homas	no o
(a) Residence: No / Clale Island, N	St., Ward. Maryland
(Usual place of abode)	nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DEFORM ("drive the Aport)	21. DATE OF DEATH March 5d 1934
5a. If marriad, widowad, or divorced	(Month) (Day) (faar)
HUSBAND of Emma P. Isomae	22. HEREBY CERTIFY, That I attended dacassad from
6. DATE OF BIRTH (month, day, and year) Sent 25-1852	1935, to Week 5, 195%
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 13.6.7 m.
81 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wara as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER util	- Custimena Copustant
Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
O 10. Data deceased last worked at this occupation (morph and 9 2 seent in this year)	
De l'action	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) West Manel	Exhaustion - nectations
(State or country) manyland	,
13. NAME Tytiand Oshoman 14. BIRTHPLACE (city or town). Deals Island	
14. BIRTHPLACE (city or town). Reals Man el	Nama of operation
(State or country) Manyland	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME May Daniel 16. BIRTHPLACE (city or town Deale Signal	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicide, or homicide?
Mr. Wme 1/22 910 1	Whera did injury occur? (Specify city or town, county and State)
(Address) P. A. J. Jalenter May	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manager
Place Rale Salary Mark Mar. 8, 1934	Manner of Injury
1 h + 7 7 W. 1 - 1	
19. UNDERTAKER (Address) Dealo Island Mandand	24. Was disease or Injury in any way related to occupation of decaased?
mal & 34 (1.7)	(Signed)
20. FILED 19 / Was Mull	(Address) Sustain head
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 SUREAU X.			
Other contributory causes of importance:		Other contributory causes of importance:	11121
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Netura of injury

24.	. Wes diseese o	or Injury in	any wey	releted to	occupetion	of decease	ed?	
If	so, specify							
	400 1110		01	MIA	142	'		

(Address) ____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

TION

(Stata or country)

18. BURIAL, CREMATION, OR REMOVA

(Address)

19. UNOERTAKER (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
APR 6 (534			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (13178
1. PLACE OF DEATH	157-2
County / / Communication	Registration Dist. No. 000
Village or City Sahrhay 1119.	No. 1 St., 13 Ward
	(If death occurred in a horpital or institution give its NAME instead of street and number) 105. ds. How long in U.S. if of loreign birth?
2. FULL NAME Marles Robert	unlley.
(a) Residence: No. Edwa Md. N.D. #2 (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAI, 27. 1934
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel. 12-1934	1 1 1 1 1 1 1 1 1 1
7. AGE Yaars Months Deys If LESS than	to have occurred on the data stated abova, at 43 P. m.
1 day,hr	
8 Trade profession or particular	Pylone Stenosia. Daja of one of Fig. 27
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ongent Cure
9. Industry or business in which	Jacat Manager
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
R.h Horiz.	Other Coatribatory Causes of Importence:
12. BIRTHPLACE (city or town) (Stata or country)	7 Omphalitio - Septecenia) much 3
1 0 1 6 6 1	
14. BIRTHPLACE (city or town) Plan allen	
14. BIRTHPLACE (city or town)	Name of operation Complete Date of 18
(State or country)	What test confirmed diagnosis? X my to oppose Was there an autopsy? No
16. BIRTHPLACE (city or town) toland	25. If daeth was due to external causes (VIOL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Colem	Accident, suicide, or homicide? Deta of injury, 19
(State or country) Manyldink	Where did injury occur?
17. INFORMANT Layer 14. Chen mo.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placellen Chenchless, Mar. 29, 193.	Neture of Injury
Hollows I to	24. Was diseasa or injury in any way raiated to occupation of dacaasad?
19. UNDERTAKER (Address) about Ma	If so, specify
12. 1 20 1/4 1. 1. 01	P. A. R. Ja
20. FILED Meh 27, 1997 & May Jume Registrar.	(Address) 1/2 man of Dalishy, by
If more blanks are needed, address State Registrar.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of cpilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

PLACE OF DEATH County VICONICO Village or City Nautional (No	STATE OF MARYLAND 70 CERTIFICATE OF DEATH Registration Dist. No. 337
2 FULL NAME Infant of Potert Wat	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 30 , 193 44 (Month) (Day) (Year)
6 DATE OF BIRTH March 29, 1934 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from MACK 29 1924 to TRUCK 30 , 1954, that I last saw h alive on MACK 30 , 1924,
r AGE If LESS than I dayhrs. ds. ormin.?	and that death occurred on the date stated above, at 9 Pm. The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manyland	(Duration)
11 BIRTHPLACE OF FATHER OF FATHER	(Signed) A. A. 19 well M. D. Mar. 30 1994 (Address) Salisbury. Mrs.
(State or country) Muyland 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mile Garday 13 BIRTHPLACE OF MOTHER (State of Country) Manufaux	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsmients or Recent Residents) At place of deathyis
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h? Former or usual residence
(Address) Newtres ke ms.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mautico Re Mul Mau. 3 1, 19.24 128 UNDERTAKER ADDRESS
Filed Man 31 193 9 (1, Wood ford Wal Registral	Wolf. Waters nautuske
If more banks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Luquesting V. S. No. 1. Md

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and ehildren, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enborer, Farm laborer, Laborer—Coul minc, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer, (b) Grocery,

fever (the only definite synonym is "Epidemic eerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); ed term for the same dise.se. Examples: Cerebrospinal to time and eausation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopzeumonia ("Pneumonia

> approved by Committee on Nomenclature of the tclanus) may be stated under the head of "eontributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary), (secondary or intercurrent) affection need not be strted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," "Senile," etc.), "Dropsy, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory

ans/wered in detail, it will prevent further correspondence. All the permanently filed. If this certificate is looked over thoroughly and all qu stions

(Addrass)

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03180
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 331
Village or City O wantio	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I Conard 1 Workally	
(a) Residence: No. Justifica (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. THEREBY CERTIFY. That i attanded decaased from 1933, to Wash 25, 1934
0 6.1. 10/12	i iast sew h A alive on 127, 193 4, death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days It LESS than	to have occurred on the date stated above, at \mathcal{G}_{-} \mathcal{A}_{-} m.
37 9 17 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importence
1 0 10	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	a fathfalling y
9. Industry or business in which	acute exacelation of Chance nephritis
work was done, as SILK MILL, SAW MILL, BANK, etc.	Court Springer
11. Total tima (years) this occupation (month and page 11. Total tima (years) spant in this ().	
year) Feb. 133 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dallingel	A A A
(State or country)	Chronic Interditeal
14. BIRTHPLACE (city or town)	Ewigo Mreshorts:
4 14. BIRTHPLACE (city or town)	Nama of operation
(Stata of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was due to external causas (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
INFORMANT Cornest Burel	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are meeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1. PLACE OF DEATH

County

Village or City

1000

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

(Day)

(Yeer)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis C 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 65 1694			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Day)

(Year)

Date of onset

What test confirmed diagnosis?_____ Was there an au'opsy?_ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 24. Was disease or injury in any way related to occupation of deceased? if so, specify

S. No. 1

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
1	County Wilcomila	Registration Dist. No. 333
	Village or City Saleshury	No. Quican St., 9 Ward
	Length of residence In city or town where death occurred vrs. mos	death gecurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
	1 10. 17	
	2. FULL NAME Wildiam / Mende	CA Word
	(a) Residence: No. Palishing (Union (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Warch 18, 193 4 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I alterded deceased from
ů	6. DATE OF BIRTH (month, day, and year) Was 10 19.34	Hast saw him eliva on Justich 18, 19 By death Is said
רמנ	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
	3- 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2	8. Trede, profession, or particular / kind of work done, as SPINNER,	Date of office
5	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	1.5.0
Dac	work was done, es SILK MILL, SAW MILL, BANK, etc.	of Commissions; While
100	10. Date deceased last worked et this occupation (month and spent in this spent in this	or aspertion oregen mother subject
SHO	yaar) occupation	Dther Contributory Causes of Importance: Oct. 25, 1934
CLI	12. BIRTHPLACE (city or town) Saleshury	7.77
110	(State or country)	
Ë	13. NAME Orlando Hilef	
220	14. BIRTHPLACE (city or town) Salks Faad (State or country)	Name of operation
ئ	15. MAIDEN NAME (Relia Winder	What test confirmed diagnosis? Was there an au'opsy? Ala
3		23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury 19
	(State or country)	Where did Injury occur?
T Y	17. INFORMANT Reballinder	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
4	Place Public Clany no Date Mar 17, 1934	Nature of injury
1101	19. UNDERTAKER Jas of Sillear	24. Was disease or injury in eny way related to occupation of deceased?
1	20, FILED Mar. 17, 1934 Tt. May June Registrar.	(Signed) Serybly M. D. (Address) Salar Manual Manu
-		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Wicomics					Registration Dist. No. 335		
\	Village or City Sharpton				NoSt.,	Ward	
	anath of raci	dense in situ or town where	don'th conversed. T		f death occurred in a hospital or institution, give its NAME instead of street and r		
			4-	yr\$,	yis.	15	
2. F	ULL NAI	ME Maggie	a. Mt. TBII P				
(a) Residen	ce: No.	(Usual place of	f abode)	St., Ward. If nonresident give city or town and	State	
, F	PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
s. sex Fer	nale	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED.	21. DATE OF DEATH (Month) (Dey)	, 193 (Tear)	
HU	orried, widow SBAND of WIFE of	ed, or divorced	right		22. Felib REBY CERTIFY, That I attended 1854, to Mark 31	deceased from	
6. DATE	OF BIRTH (month, day, and year)	July 7 I	879		; death is said	
7. AGE	Year 54		Days 26	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8.	8. Frede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				Primary banse: not known.	17.30	
10.	Mork was done, as SILK MILL, SAW MILL, BANK, etc.			fe	Ct, 25. 19 2 4	~~~~~	
10.	this occup	ed last worked et pation (month and		ne (years) in this pation			
	HPLACE (cit State or coun		laware		Other Contributors Causes of importance:	3/27/5	
13.	NAME T	osiah W. Owe	ns				
13. H	BIRTHPLACE (State or	(city or town)De	1		Name of operation Date of What test confirmed diagnosis? Was there an a		
보 15.	MAIDEN NA!	ME Adline F.	Cooper		23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN NAME Adline F. Cooper 16. BIRTHPLACE (city or town) Del (State or country)					Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?		
	RMANT	alter G. r			(Specify city or town, county and Sial Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Sharptown Date April 2, 1934			Date Ann	11 9 .34	Manner of injury		
- 1			70-	-k-k64, 190-T-	Nature of injury		
19. UNDERTAKER Sharptown, Hd.					24. Was disease or injury in any way related to occupation of deceased?		
20. FILE	Apr.	1 1934 /	mary E.	Mann Registrar.	(Signed) Charles (Address) harpinos lub		

V. S. No. 1

PHYSICIANS should state statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT RECORD. Every-item of inforstated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLANDY, WITH UNFAD mation should be carefully supplied.

B.—WRITE PI

IARGIN RESERVED FOR BINDING

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
*Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			